NEW SCREENING GUIDELINES

All Children Should Be Screened For Potential Heart-Related Issues

A 2021 update to the previous 2012 recommendations from the American Academy of Pediatrics for combating Sudden Death in the Young offers new guidance to help primary care providers identify children at risk for heart-related problems that can lead to sudden cardiac arrest or death. The policy underscores all youth should be regularly screened for heart issues regardless of their level of physical activity or participation in sports programs.

What Primary Care Providers Should Be Doing To Evaluate A Child's Heart Health

The policy provides primary care providers with a strategy for screening, evaluating and managing SCA in youth during well-child checks and preparticipation physical evaluations or at least every three (3) years and especially upon entry to middle/junior/high school.

- Be aware of warning signs and risk factors that put youth at risk for SCA
- Conduct a thorough personal history, family history & physical examination
- Order genetic testing for patients with a family history of SCA or heart conditions
- Use ECG testing to mitigate concern, with the ECG interpreted by a physician trained to recognize electrical heart disease
- Make a referral to a cardiologist for follow-up
- Advocate for emergency action plans, CPR training and AED placement within the community

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Screening Questions Practitioners Ask At Each Exam

1 Have you ever fainted, passed out or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises such as doorbells, alarm clocks and ringing telephones?

2 Have you ever had exercise-related chest pain or shortness of breath?

3 Has anyone in your immediate family (parents, grandparents, siblings) or other more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained car accidents in which the relative was driving or sudden infant death syndrome.

4 Are you related to anyone with hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia, or anyone younger than 50 years with a pacemaker or implantable defibrillator?